

ELIHU GREENWOOD LEADERSHIP ACADEMY

Mrs. Maudlin Wright, Principal

STUDENT EMERGENCY INFORMATION SHEET

No one knows when an emergency will occur therefore, it is very important that the teacher has up to date information on every student.

Child's Full Name: _____ Room: _____

Child's Home Address: _____

City: _____ State: _____ Zip Code: _____

Date of Birth: _____

Home Phone: _____ Cell Phone: _____

Email _____

Name of Parent/ Guardian (s) living with and legally responsible for the child: _____

Relationship to the Child: _____

Place of Work: _____ Work Phone: _____

In an emergency, whom should we contact if the Parent/ Guardian cannot be reached?

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

List two additional adults (18+) allowed to pick-up your child _____

Important Medical Information

Any past Hospitalizations _____ If so When _____

Known Allergies: _____ Is your child on any medications? _____

Any other known Health Conditions: _____

Name of Child's Doctor: _____ Medical Number: _____

Hospital Child is affiliated with: _____

Is there anything else you want the school to know about your child? _____

Are there any custody issues? _____

If so, the parent/guardian will need to provide legal documentation.

Signature of Parent _____

Date _____